Change in Company's premium or rate I	evel produced by rate revision effective	Premium +6.6%; Rate +3.1%
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		_
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
 Fire Extended Coverage 		
11. Inland Marine		·
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	2,288,402	+6.6%
Brief description of filing. (If filing follow	orm by classs. vs rates of an advisory organization, speci 2007-09; adjust loss cost multipliers; adop	ify organization): Adopt the NCCI loss
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	s. which will result from application of new rate	s.
_	Accident Fund	d General Insurance Company
Divis	Accident i din	Name of Company
STATEN	OF I	, <i>.</i>
E OF	ILLINOUS Jane Cho	orley - Compliance Advisor
SPRINGFIELD	Jane Cho	Official – Title
	/S /	

Change in Company's premium or rate	level produced by rate revision effective	Premium +9.0%; Rate +5.4%
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance Does filing only apply to certain territo although the resulting impact is not unife 	592,826 ry (territories) or certain classes? If so, sp	+9.0% ecify: This filling applies to all classes,
Brief description of filing. (If filing followants referenced in approval circular IL credit; eliminate WebExpress credit	ws rates of an advisory organization, spec -2007-09; adjust loss cost multipliers; adop	ify organization): Adopt the NCCI loss t terrorism coverage; increase renewal
*Adjusted to reflect all prior rate change **Change in Company's premium level	Which will result from application of new rate DIVISION OF INSURANCE STATE OF ILLINO'S INSURANCE THE INSURANCE OF ILLINO'S INSURANCE THE INSURANCE OF ILLINO'S INSURANCE OF I	

Change in Company's premium or rate le	evel produced by rate revision effective	Premium +8.3%; Rate +4.7%
- Mgo in Company o promisin or rate it	DIVISION OF INSI	IDANCE
(1)	(2) STATE OF ILLINOIS	S/IDFPR (3)
-	Annual Premium FILE	-
<u>Coverage</u>	Volume (Ulinois)*	<u>Change (+ or -)**</u>
d. Avskann statte titletittas Dubonae	MAY 0 1 2	JU8
Automobile Liability Private Description	3	
Passenger Commercial 2. Automobile Physical Damage	SPRINGFIELD, IL	LINOIS
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	54,067,951	+8.3%
	y (territories) or certain classes? If so, sperm by class.	ecify: This filing applies to all classes,
Does filing only apply to certain territory although the resulting impact is not unifo		fy organization): Adopt the NCCI loss
Does filing only apply to certain territory although the resulting impact is not uniform. Brief description of filing. (If filing follow costs referenced in approval circular IL-	rm by class. rs rates of an advisory organization, speci	fy organization): Adopt the NCCI loss
Does filing only apply to certain territory although the resulting impact is not uniform. Brief description of filing. (If filing follow costs referenced in approval circular IL-	rm by class. rs rates of an advisory organization, speci	fy organization): Adopt the NCCI loss
Does filing only apply to certain territory although the resulting impact is not uniform. Brief description of filing. (If filing follow costs referenced in approval circular IL-	rm by class. rs rates of an advisory organization, speci	fy organization): Adopt the NCCI loss
Does filing only apply to certain territory although the resulting impact is not unifor Brief description of filing. (If filing follow costs referenced in approval circular IL-credit and eliminate WebExpress credit	rm by class. s rates of an advisory organization, speci- 2007-08; adjust loss cost multipliers; ador does not be a cost multiplier of new rate.	fy organization): <u>Adopt the NCCI loss</u> ot terrorism charges; increase renewal
Does filing only apply to certain territory although the resulting impact is not unifor Brief description of filing. (If filing follow costs referenced in approval circular IL-credit and eliminate WebExpress credit	rm by class. s rates of an advisory organization, speci- 2007-08; adjust loss cost multipliers; ador does not be a cost multiplier of new rate.	fy organization): Adopt the NCCI loss ot terrorism charges; increase renewal
Does filing only apply to certain territory although the resulting impact is not unifor Brief description of filing. (If filing follow costs referenced in approval circular IL-credit and eliminate WebExpress credit	rs rates of an advisory organization, speci- 2007-08; adjust loss cost multipliers; ador hich will result from application of new rate Accident Fund	fy organization): Adopt the NCCI loss of terrorism charges; increase renewal s. Insurance Company of America
Does filing only apply to certain territory although the resulting impact is not unifor Brief description of filing. (If filing follow costs referenced in approval circular IL-credit and eliminate WebExpress credit	rs rates of an advisory organization, speci- 2007-08; adjust loss cost multipliers; ador hich will result from application of new rate Accident Fund	fy organization): Adopt the NCCI loss of terrorism charges; increase renewal s. Insurance Company of America Name of Company

Form	(RF-3)	JAN 0	_	EΤ
(Change in	Company's premium of late	Bullings d by rate revision effective	01/01/2008
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		obile Liability e Passenger percial		
2.	Automo	obile Physical Damage e Passenger		
3.		y Other Than Auto		
4.		y and Theft		
5.	Glass			
6.	Fidelity	,		
7.	Surety			
8.	Boiler a	and Machinery		
9.	Fire	-		
10.	Extende	ed Coverage		
11.	Inland l	Marine		
12.	Homeo	wners		
13.	Comme	ercial Multi-Peril		
14.	Crop H	ail		
15.	Other	Workers' Compensation Line of Insurance	81,073	4%
Does f	iling only		ritories) or certain classes? If so, specify:	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Alaska National Insurance	
Company	
Name of Company	

Edith Goodgame, V-P Underwriting Services

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate rev	ision effective <u>Janu</u>	ary 1, 2008	
(1) Coverage 1. Automobile Liability	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
Private Passenger			
Commoroial			
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Autotate of ILLINOIS/IDFPR 4. Burglary and Thett 5. Glass AN 0 1 2008			
3. Liability Other than Auto 141			
4. Burglary and Thett 2008			
4. Burglary and Theft 5. Glass 6. Fidelity			
6. Fidelity 7. Surety		_	
8. Boiler and Machiner		<u> </u>	
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire		-	
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Workers Compensation	\$675,540	+1.4%	
16. Other			
Line of Insurance			
Does filing only apply to certain territory (territories) or certain cla	sses? If so, specify N	0	
Brief description of filing (if filing follows rates of an advisory orgatine revised loss cost multiplier of 1.873 (1.917 for F-classes) to t			s to apply
Componentian Incurrence offective January 1, 2009			
Compensation Insurance effective January 1, 2008.			

American Alternative Insurance Corporation Name of Company

Kathryn D. Sine, Senior State Filing Analyst Official - Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

	Change in Company's premium or rate leve	l produced by rate revision effective	04/01/2008 .
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	- intollication Elebinity		
	Private Passenger		
	Commercial		
2.			
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.			
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$4,993,527	10.5%
	Line of Insurance	-	
D	as of caler	ndar year ending 12/2007)	
Does	filing only apply to certain territory (territorie	es) or certain classes? If so, specify:	
No_			
Brief	description of filing. (If filing follows rates of tive 4/1/2008, we wish to adopt NCCI's 1/1/2	of an advisory	
Effec	tive 4/1/2008, we wish to adopt NCCI's 1/1/2	1008 loss costs and increase our ICM	1940 OF MISUS
	, to the to be the training to	ood loss costs and increase our inclvi	HOMATE ON 1,4WOURANCE
* A	Adjusted to reflect all prior rate changes.	1	LED
** 0	Change in Company's premium level which wi	an 1	100 0 -
r	esult from application of new rates.	_	APR 0 1 2008
		1	1
		l s	PRINGELE
			PRINGFIELD, ILLINOIS
		America	n Economy Insurance Company
			Name of Company
		_	•
		\bigcap	
		An	Macalla

Party McCollum, CPCU Assistant Vice President Official - Title

(1) Annual Premium Coverage Annual Premium Volume (Illinois)* 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance (as of calendar year ending 12/2007) Does filling only apply to certain territory (territories) or certain classes? If so, specify organization): Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCTs 1/1/2008 loss cost and increase our LOWNSONDS ID INSUPARACE * Adjusted to reflect all prior rate changes. * Adjusted to reflect all pri		Change in Company's premium or rate lev	vel produced by rate revision effecti	ive 04/01/2008
Coverage Volume (Illinois)* Change (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify commercial many premium level which will result from application of new rates. Patry McCollum, CPCU Patry McCollum, CPCU Patry McCollum, CPCU		(1)		• •
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCTs 1/1/2008 loss cost and increase out CONTROLONS PRESIDENTED * Adjusted to reflect all prior rate changes. ** Adjusted to reflect all prior rate changes. * Adjusted to reflec		Coverage	Volume (Illinois)*	
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 55,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LOW/Korn) No Insurance * Adjusted to reflect all prior rate changes. ** Adjusted to reflect all prior rate changes. * Adjusted to re	1.	Automobile Liability		
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCW/Komp.No.pip Assurance * Adjusted to reflect all prior rate changes. * App. 0 1 2008 SPRINGFIELD, ILLINOIS American States insurance Company Name of Company Name of Company				
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LOMKinging Passurance * Adjusted to reflect all prior rate changes. * Adjusted specifically intervence Company Name of Company Name of Company Name of Company Name of Company Patty McCollum, CPCU		Commercial		t and the second
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LOMKinging Passurance * Adjusted to reflect all prior rate changes. * Adjusted specifically intervence Company Name of Company Name of Company Name of Company Name of Company Patty McCollum, CPCU	2.	Automobile Physical Damage		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation		Private Passenger		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCTs 1/1/2008 loss cost and increase our LEWMTorm NSD PARANCE * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS Americal States Insurance Company Name of Company Name of Company Patry McCollum, CPCU				
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCW/Koron NOP INSURANCE * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. STATE OF ILLINOIS/DEPR APR 0 1 2008 SPRINGFIELD, ILLINOIS American States insurance Company Name of Company Patty McCollum, CPCU	3.	Liability Other Than Auto		
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LOWMSON DESCRIPANCE * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patry McCollum, CPCU	4.	Burglary and Theft		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCW/Kinin NSO POLICE OF ILLINOIS/IDEPR * Adjusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patry McCollum, CPCU	5.	Glass		
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify organization): Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCWM6666NSAP NATIONAL STATE OF ILLINOIS/IDEPER * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Party McCollum, CPCU	6.	Fidelity		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LEMMENTON OF INSUPANCE * Adjusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Party McCollum, CPCU	7.	Surety		
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCW/Korin NSO INANCE * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patry McCollum, CPCU		Boiler and Machinery		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LEW/Korin)NSQ to INSUFANCE * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States insurance Company Name of Company Paty McCollum, CPCU		Fire		
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCW/fiorin) NSD ph/SUFIANCE * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. APR 0 1 2008 SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patty McCollum, CPCU	- • -	- C		
13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our Lew from Insurance of Lew fr				
14. Crop Hail 15. Other Workers Compensation \$5,680,856 11.9% Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCW/kom) Scholast Follows/Indexed * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States insurance Company Name of Company Name of Company Patty McCollum, CPCU		Homeowners		
15. Other Workers Compensation Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCW/Romin/Som Insurance * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patty McCollum, CPCU	13.	Commercial Multi-Peril		
Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCN/Koron NSO PASUFIANCE * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. STATE OF ILLINOIS American States Insurance Company Name of Company Name of Company Patry McCollum, CPCU	14.	Crop Hail		
Line of Insurance (as of calendar year ending 12/2007) Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCN/Kominess in Company's premium level which will result from application of new rates. **Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patry McCollum, CPCU	15.		\$5,680,856	11.9%
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCN/Morio NSO POR ASUPIANCE * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. APR 0 1 2008 SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Party McCollum, CPCU		Line of Insurance		
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LENVISORING IN ASSUMANCE * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. APR 0 1 2008 SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Party McCollum, CPCU	-	(as of ca	lendar year ending 12/2007)	
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Effective 4/1/2008, we wish to adopt NCCI's 1/1/2008 loss cost and increase our LCW/fioring NSO in ASURANCE * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. APR 0 1 2008 SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Party McCollum, CPCU	Does i	iling only apply to certain territory (territo	ries) or certain classes? If so, speci	ify:
** Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patty McCollum, CPCU	No			
** Change in Company's premium level which will result from application of new rates. APR 0 1 2008 SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patty McCollum, CPCU	Brief o	description of filing. (If filing follows rate ive 4/1/2008, we wish to adopt NCCI's 1/1	s of an advisory organization, speci /2008 loss cost and increase our Ld	STATE OF ILLUSURANCE
Change in Company's premium level which will result from application of new rates. APR 0 1 2008 SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patty McCollum, CPCU	* A	djusted to reflect all prior rate changes.	1	LE DEPPR
SPRINGFIELD, ILLINOIS American States Insurance Company Name of Company Patty McCollum, CPCU	** Cl	hange in Company's premium level which	will	
SPRINGFIELD, ILLINOIS American States insurance Company Name of Company Patty McCollec Patty McCollum, CPCU	re	sult from application of new rates.	1	APR 0 1 2000
Name of Company Patty McColler Patty McCollum, CPCU			į.	2000
Name of Company Party McColler Party McColler			1 .	
Name of Company Party McColler Party McColler			8	SPRINGFIELD, ILLINOIS
Name of Company Tally UCCoCle Patty McCollum, CPCU			An	ierican States Insurance Company
Party McColler Party McCollum, CPCU				Name of Company
Party McCollum, CPCU				- Annual Company
Party McCollum, CPCU) .
Party McCollum, CPCU			1.	MILACAPA.
Patty McCollum, CPCU Assistant Vice President				
Assistant Vice President				Patty McCollum, CPCU
				Assistant Vice President

Official - Title

ion 754.EXHIBIT A Summary Sheet (F	form RF-3)	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
FOR	M (RF-3)	
Mills	ARY SHEET	JAN 0 1 2008
40. 5.		
Change in Company's premium or effective <u>JANUARY 1, 2008</u>	rate level produced by	ratgpfeiwsfbELD, ILLINOIS
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners		
Crop Hail	1 007 027	
Does filing only apply to certa classes? If so, specify: NO Brief description of filing. (in territory (territor) [If filing follows rate	es of an advisory
	Change in Company's premium or effective JANUARY 1, 2008 (1) Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other WORKERS COMPENSATION Life of Insurance Does filing only apply to certaclasses? If so, specify: NC	Annual Premium Volume (Illinois)* Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other WORKERS COMPENSATION Life of Insurance Does filing only apply to certain territory (territor)

BADGER MUTUAL INSURANCE COMPANY
Stame of Company
JANE PLOETZ ASSISTANT WORKERS! COMPENSATION COORDINATOR

^{*}Adjusted to reflect all prior rate changes.
**Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET Form (RF-3) Change in Company's premium or rate level prod revision effective 05/01/08 (2) (1) Percent Annual Premium Change (+ or -) ** Volume (Illinois) * Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation -4.61% \$617,916 Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory

Adopting NCCI rates as found in NCCI Circular IL-2007-08 and in Item 04-IL-2007.

* Adjusted to reflect all prior rate changes.

organization, specify organization):

** Change in Company's premium level which will result from application of new rates.

Citizens	Insurance	Company	of	America	
	Name of	Company			

Michele	L.	Holm		Sr.	Pricing	Analyst	
		Offic	ia	ī -	Title		

SUMMARY SHEET Form (RF-3) WW 6 1 2008 Change in Company's premium or rate level produced by rate LLINOIS revision effective 05/01/08 (2) (3) (1) Percent Annual Premium Change (+ or -) ** Volume (Illinois) * Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 5.05% \$3,577,443 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: No. Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI rates as found in NCCI Circular IL-2007-08 and in Item 04-IL-2007. DIVISION OF INSURANCE FILED * Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

MAY 0 1 2008

SPRINGFIELD, ILLINOIS

Citizens	Insurance	Company	of	Illinois	
	Name of	Company			

Michele	L.	Holm	Sr.	Pricing	Analyst	
		Officia	1 -	Title		- <u>-</u>

	Change in Company's premium or rate leve	el produced by rate revision effectiv	e 04/01/200 @
	(1)	(2) Annual Premium	(3)
	Coverage	Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,646,667	5.4%
Brief de Effectiv	escription of filing. (If filing follows rates ove 4/1/2008, we wish to adopt NCCI's 1/1/20	of an advisor	Organization): NEWSON OF INSURANCE STATE OF LEINOIS/IDEPR
TT Cha	justed to reflect all prior rate changes. ange in Company's premium level which wil ult from application of new rates.	11	APR 0 1 2008
		Plana M	SPRINGFIELD, ILLINOIS
		FIFST National In	surance Company of America
		N	ame of Company

Patty McCollum, CPCU Assistant Vice President

Official - Title

H29219D

(Change in Company's premium o	or rate level produced by rate revision effective	3/1/08
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial	- NGE	
2.	Automobile Physical Damage Private Passenger Commercial	ISION OF INSURANCE TATE OF ILLINOIS/IDEPR	
3.	Liability Other Than Auto	110 G 1 2008	
4.	Burglary and Theft	MAR 6 1 2008	
5.	Glass		
6.	Fidelity	SPRINGFIELD, ILLINOIS	
7.	Surety	SPHING	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp	\$12,256,101	+8.0%
	Line of Insurance		
Does fi	iling only apply to certain territo	ry (territories) or certain classes? If so, specify:	
Adopti Cost m	on of NCCI's most recent Advisualtiplier of 1.62. This filing wil	llows rates of an advisory organization, specify of sory Loss Costs and Rating Values (Filing Circul l apply to new and renewal policies with an effect ander company file # CLILANWC-437.	ar IL-2007-08) with a Loss

* Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Comp Name of Company

Wanda Raymond R&D Senior Associate

Official - Title

SUMMARY SHEET

	Change in Company's premium or rate le	vel produced by rate revision effective	/e04/01/2008
	(1)	(2) Annual Premium	(3)
	Coverage	Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.			
2.	Automobile Physical Damage Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	. ————	·
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$2,442,759	9.6%
	Line of Insurance		7.070
_	(as of ca	lendar year ending 12/2007)	
Does i	filing only apply to certain territory (territo	ries) or certain classes? If so, specif	y:
_No			
			
Brief	description of filing. (If filing follows rates	s of an advisory organization, specific	PASION OF INSURANCE
Effect	ive 4/1/2008, we wish to adopt NCCI's 1/1.	/2008 loss costs and increase our LC	M from t 67 to -82 S/IDFPR
* A	djusted to reflect all prior rate changes.	ł	APR 0 1 2008
** CI	nange in Company's premium level which	will	VI V Q I 5008
10	sult from application of new rates.		1
			SPRINGFIELD, ILLINOIS
		<u> </u>	
		Gener	al Insurance Company of America
			Name of Company
			1

Patty McCollum, CPCU
Assistant Vice President
Official - Title

Change in Company's premium revision effective 05/01/0		y rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$1,530,297	4.1%
Line of Insurance		
Does filing only apply to certain If so, specify: No.	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization		ı advisory
Adopting NCCI rates as found in NC	CCI Circular IL-2007-08 and	d in Item 04-IL-2007.
		NCE
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new		1 2008

Michele L. Holm - Sr. Pricing Analyst
Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

Form (RF-3)

MAY SUMMANY SHEET

Change in Company's produced by rate revision effective 05/01/08

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation Line of Insurance	\$2,859,535	4.08%
Does filing only apply to certain If so, specify: No.	territory (territories)or	certain classes?
		
Brief description of filing. (If organization Adopting NCCI rates as found in NC	1):	
* Adjusted to reflect all prior r		

** Change in Company's premium level which will result from application of new rates.

Massachusetts	Bay	Insurance	Company
Name	of	Company	

Michele L. Holm - Sr. Pricing Analyst
Official - Title

	50_ILLINOIS	ADMINISTRATIVE CODE	CHAPTER I, § 754
			DIVISION OF INTER I
			STATE OF ILLINOIS TRANCE
Sect	ion 754.EXHIBIT A Summary Sheet (Form RF-3)	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
OCC.	Jon 194, EARLIDAT A Cummity Choose		122.3
	FO	RM (RF-3)	APR 0 1 2008
	SUM	MARY SHEET	SPRINGFIELD, ILLINOIS
	Change in Company's premium or effective 4/1/2008	rate level produced	
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	Cavagaa	Volume (Illinois)*	
	Coverage	volume (IIIImots)"	change (+ or -)
1.	Automobile Liability Private		
	Passenger		0.00%
	Commercial		0.00%
2.	Automobile Physical Damage		
	Private Passenger		0.00%
	Commercial		0.00%
3.	Liability Other Than Auto		0.00%
4	Burglary and Theft		0.00%
5.	Glass		0.00%
6.	Fidelity		0.00%
7.	Surety		0.00%
8.	Boiler and Machinery		0.00%
9.	Fire		0.00%
10.	Extended Coverage		0.00%
11.	Inland Marine		0.00%
12.	Homeowners		0.00%
13.	Commercial Multi-Peril		0.00%
14.	Crop Hail	34610166	0.00%
15.	Other Workers' Compensation	34610166	-0.07%
10.	Life of Insurance		

*Adjusted to reflect all prior rate changes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing installment fee waiver for installment payments made via EFT

Technology Insurance Company

Name of Company

FILED

Submitted By: James S. Shoenfelt, ACAS MAR 1 7 1983

SOS - ISU - CODE UNIT

^{**}Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate le	evel produced by rate revisi on 	DIVISION OF THESE	DANCE
(1)	(2) Annual Premium	STATE OF ILLINOIS/I	(3) Percent
Coverage	<u> Volume (Illinois)*</u>	MAY 0 1 200	78 Change (+ or -)**
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine 		SPRINGFIELD, ILL	INOIS
12. Homeowners13. Commercial Multi-Peril	 		
14. Crop Hail			
15. Other Workers Compensation Line of Insurance	37,728,572		+2.3%
Does filing only apply to certain territory although the resulting impact is not unifo	y (territories) or certain classe rm by classs.	s? If so, specify: Th	nis filing applies to all classes,
Brief description of filing. (If filing follow costs referenced in approval circular IL-2 approved in IL-2007-05, Addition of an A Waiver of our Right to Recover, Withdray	2007-09 and change loss cost alternate Employer Endorseme	<u>multiplier; Adoption (</u> nt surch <u>arge, Revisi</u>	of the miscellaneous values as on of the current surcharge for
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application	United Wisconsin I	nsurance Company
		Jane Chorley - Co	Company ompliance Advisor I - Title

Sect	ion 754.EXHIBIT A Summary Sheet	- 1	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
	F	ORM (RF-3)	
	SUI	MMARY SHEET	APR 0 1 2008
	Change in Company's premium o effective 4/1/2008	r rate level produced by	SPRINGENEL DINLLINOIS
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1. 2. 3.4. 5.6. 7.8. 9. 10. 11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation Life of Insurance Does filing only apply to cerclasses? If so, specify: N// Brief description of filing. organization, specify organiz	(If filing follows rate	es of an advisory
	*Adjusted to reflect all pri	or rate changes.	

Wesco Insurance Company

Hame of Company

FILED

Submitted By: James S. Shoenfelt, ACAS MAR 1.7 1983

^{**}Change in Company's premium level which will result from application of new rates.



Section 754.EXHIBIT A Summary Sheet (Form RF-J)

FORM (RF-3)

SUMMARY SHEET

	(1)	(2)	(3)	
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**	
A	utomobile Liability Private Passenger			
	Commercial			
A	utomobile Physical Damage			
	Private Passenger			
	Commercial			
L	iability Other Than Auto(VC)	2.390.788 EP	+4.0% / H.6 Fm	أرجع
•	urglary and Theft			د بر مات
	idas 1de1†ty			
	urety			
B	piler and Machinery			
F	ire			
	ktended Coverage			
	nland Marine			
	omeowners ommercial Multi-Peril			
	rop Hail			
	ther			
	Life of Insurance	· 		
De c l	pes filing only apply to certal lasses? If so, specify:	In territory (territori	es) or certain	
٥.	ief description of filing. (if filing follows rates	of an advisory	
71	ganization, specify organizati	inni •		
31 21		films as of VVO	<u></u>	
91 91	No change to 10M			
	NO Change to LOM			
31	No change to LCM Adjusted to reflect all prior Change in Company's premium to new rates.	rate changes	frem application of	
31	'Adjusted to reflect all prior 'Change in Company's premium le	rate changes. Evel which will result		
31	'Adjusted to reflect all prior 'Change in Company's premium le	rate changes		